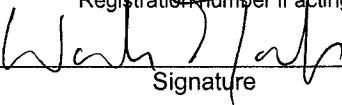


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|--|--|---|---|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) D0188.70165US02 | | |
| Application Number | 10/760,634-Conf. #8269 | Filed January 20, 2004 | | |
| For APPARATUS AND METHOD FOR PLACING SUTURE WIRES INTO TISSUE FOR THE APPROXIMATION AND TENSIONING OF TISSUE | | | | |
| Art Unit | 3734 | Examiner D. D. Yabut | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee \$130 | Small Entity Fee \$65 | \$ 130.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> . | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,078</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | | |
|  Signature | | | <u>April 1, 2010</u> Date | |
| <u>Walt Norfleet</u> Typed or printed name | | | <u>617.646.8000</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| <input type="checkbox"/> | Total of <u>1</u> forms are submitted. | | | |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 1, 2010Signature: 